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**TRANSMITTAL  
FORM***(to be used for all correspondence after  
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<b>Application Number</b>	10/756,998		
	<b>Filing Date</b>	January 13, 2004	
	<b>First Named Inventor</b>	Scranton, Jr., Delbert C.	
	<b>Group Art Unit</b>	1754	
	<b>Examiner Name</b>	Johnson, Edward M.	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket No.</b>	43640/45781

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Charge Deposit Account -20-0823 <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> Affidavits/declarations(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b))	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Request To Rescind Previous Nonpublication Request <input type="checkbox"/> Response to Notice of Allowability <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks:</b> <input checked="" type="checkbox"/> Commissioner is hereby authorized to charge fees in this application and any fees which may be required, or any overpayment, to Deposit Account 20-0823. I have enclosed a duplicate copy of this sheet <input checked="" type="checkbox"/> Amount: \$88.00-Excess Claim; \$110.00-Terminal Disclosure; \$180.00 Late Supplemental IDS; \$110.00 Petition for One Month Extension		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual Name</b>	Steven M. Ritchey
<b>Signature</b>	
<b>Date</b>	11/29/04

**CERTIFICATE OF EXPRESS MAILING****Express Mail No. EV494044159US**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. date: 11/29/04

<b>Typed or printed name</b>	Steven M. Ritchey		
<b>Signature</b>		<b>Date</b>	11/29/04

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